U.S Department of Labor Office of Labor-Management **Standards** Washington DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 88-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S.C 439 or 440

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 96 95	2 Fiscal Year Covesed From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing	4 Name file number and address of labor organization		
Name Martin T Flanagan	Name Laborer s Local No 118		
	Labor Organization File Number 010-205		
P.O Box, Bidg., Room No., if any Unit 15	PO Box, Building and Room Number if any Unit 15		
Street 832 B Rand Road	Street 832 R Rand Road		
City Mount Prospect	Chy Mount Prospect		
State Illinois ZIP Code + 4 60056	State Illinois ZIP Code + 4 60056		
5. Position in labor organization President/ Business Manager			
Enter appropriate data below it during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
8. Name and address of Employer (including trade name if any)	7.a Nature of Interest, Transaction, or Income		
or service common or tradecion forcement more service in citis	,, ,, ,, ,		
Name			
, , , , , , , , , , , , , , , , , , , ,			
Name Trade Name if any P.O Box, Bidg Room No if any			
Name Trade Name if any P.O Box, Bldg Room No if any	7.b Amount.		
Name Trade Name if any P.O Box, Bidg Room No if any			
Name Trade Name if any P.O Box, Bldg Room No if any			
Name Trade Name if any P.O Box, Bidg Room No if any Street			
Name Trade Name if any P.O Box, Bidg Room No if any Street City State ZIP Code + 4			
Name Trade Name if any P.O Box, Bidg Room No if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of	7.b Amount. 7.b Amount. ature Perjury and other applicable penalties of the law that all of the information — into documents) has been examined by the signatury and is, to the best of the		
Name Trade Name if any P.O Box, Bidg Room No if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of subtricted in this report (including the information contained in any accommen	7.b Amount. 7.b Amount. ature Perjury and other applicable penalties of the law that all of the information — into documents) has been examined by the signatory and is, to the best of the		
Name Trade Name if any P.O Box, Bidg Room No if any Street Cay State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief true correct, and complete (See the see	7.b Amount. 7.b Amount. Perjury and other applicable penalties of the law that all of the information ring documents) has been examined by the signatory and is, to the best of the ction on penalties in the instructions)		

Name of Person Filing Martin Flanagan	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Laborers Training & Apprentice Fund Trade Name if any PO Box Bidg Room No if any Street 1200 Old Gary Ave	9 Business deals with a Labor Organization b Trust c Employer		
City Carol Stream State Illinois ZIP Code + 4 60188			
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name If any P O Box Bidg Room No If any Street City State ZIP Code + 4	11 a Nature of such dealing Trustee of the Laborers Training & Apprentice Fund 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Apprentice graduation ceremony banquet dirner valued at \$66 70		
	12 b Amount \$67		
C Received from any employer (other than an employer covered under or from any tabor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	r parts A and B above) or other thing of value 14 a Nature of payment.		
13 b is the Business an Employer or Consultant 2	14 b Amount of payment.		

Name of Person Filing Martin Flanagan	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8. Name and address of Business (including trade name if any)	8 Business deals with		
Name Callero & Callero			
Trade Name, if any	a Labor Organization b Trust		
PO Box, Bidg., Room No., if any	c Employer		
Street 7800 N Milwaukee Ave			
City Nules			
State Illinois ZIP Code + 4 60714			
10 If 9.b or 9.c. is checked give trust or employer's name	11.a Nature of such dealing		
Name	Local's CPA'S (Certified Public Accountants)		
Trade Name if any			
P.O. Box, Bidg. Room No if any			
Street	11.b Approximate dollar value of such dealing. \$8 850		
Cay	12.a Nature of interest held or income received		
State ZIP Code + 4	Bottle of wine		
	12.b Amount. \$30		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14.a Nature of payment.		
Name			
Trade Name if any			
PO Box, Bildg., Room No If any			
Street			
City			
State ZIP Code + 4			
13.b is the Business an Employer or Consultant ?	14.b Amount of payment.		

Name of Person Fung Martin Flanagan		File Number U-		
B. Held an interest m or derived income or economic bonefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name if any).	9 Business deals with			
Name Down Bloch Bennett	⊠	et		
Trade Name if any	a Labor Organiza	ation .		
P.O Box, Bidg., Room No if any 19th Floor	c. Employer			
Street 8 S Michigan Avenure	v. cp,c.			
City Chicago				
State Illinois ZIP Code + 4 60603	_			
10 1f 9.b. or 9.c. is checked give trust or employer's name	11.a Nature of such deal	ling		
Name	Attorney for Local	1		
Trade Name if any				
PO Box, Sidg. Room No., If any				
Street	11 b Approximate dollar va	hu of gurb dealing		
City	12.a. Nature of interest he			
State ZIP Code + 4	Pop-Corn			
	12.b. Amount.	\$27		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a Nature of payment.			
Name				
Trade Name Bany				
P.O Box, Bidg. Room No if any				
Street				
City				
State ZIP Code + 4				
13 h is the Russness an Employer or Consultant 2	14.b Amount of payment.			

Name of Person Filing Martin Flanagan	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8 Name and address of Business (including trade name if any).	9 Business deals with			
Name Laborer s Employer s Cooperation & Education Trade Name, Hany LECST	a Labor Organization			
P.O Box, Bidg., Room No if any Suit 302 Street 999 McClintock Dr	b Trust c Employer			
Chy Burr Ridge				
State Illinois ZiP Code + 4 60527				
10 If 9.b. or 9.c. is checked give trust or employer's name Name	11.a Nature of such dealing Promote Safty on construction work site s			
Trade Name if any				
PO Box, Bidg. Room No., if any Street	11 b Approximate dellar value of such dealing.			
City State ZIP Code + 4	12.a. Nature of interest held or income received Safty Lunch			
	12.b. Amount. \$49			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, If any)	14.a Nature of payment.			
Name				
Trade Name if any				
PO Box, Bidg., Room No if any Street				
Caly				
State ZIP Code + 4				
13 h le the Rusinoss on Employer 7	14.b Amount of payment.			